

Lincoln Police Department  
James Peschong, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov



September 7, 2011

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of U-Stop, 8350 Northwoods Drive requesting a class D liquor license.

This location was previously known as Big Red 66 which held a class D liquor license

Jeffrey Scott has requested that he be approved as the manager of the liquor license.

Background information on Mr. Scott will be omitted as he is a currently approved manager of a liquor license.

The required training was completed on August 16<sup>th</sup> 2011.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

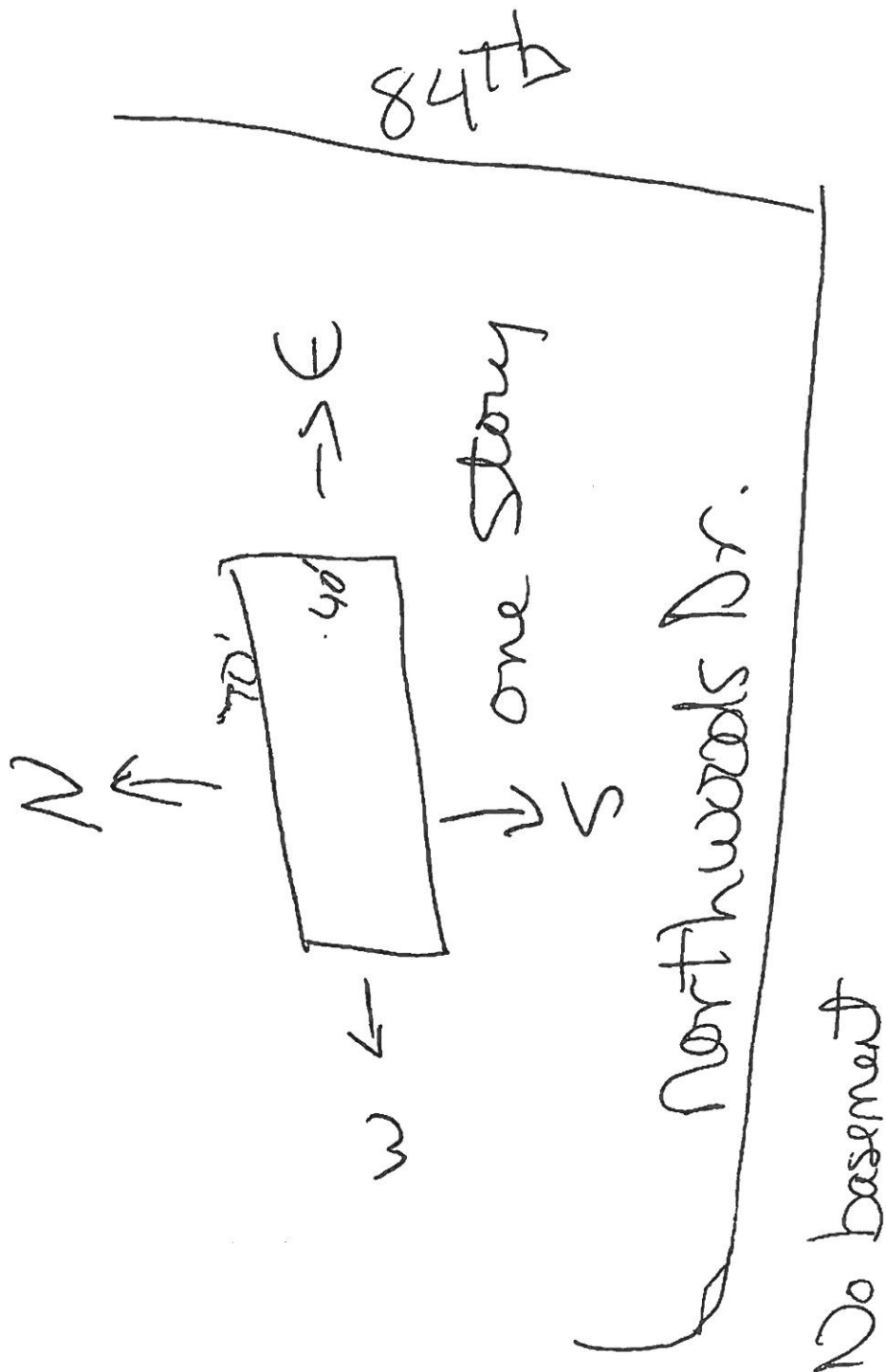
  
JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



8350 Northwoods Dr.  
U-Stop #26



RECEIVED  
SEP 02 2011  
NEBRASKA LIQUOR  
CONTROL COMMISSION

**PREMISE INFORMATION**Trade Name (doing business as) U-Stop #26

RECEIVED

Street Address #1 8350 Northwoods Dr.

AUG 22 2011

Street Address #2 \_\_\_\_\_

NEBRASKA LIQUOR

City LincolnCounty LancasterCONTROL COMMISSION  
Zip Code 68508Premise Telephone number 402-489-1222

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name Whitemark Energy, LLCStreet Address #1 2537 Randolph St.

Street Address #2 \_\_\_\_\_

City LincolnState NEZip Code 68510**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED****READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 70 feetWidth 40 feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

Received  
8/22/11

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Mark A. Whitehead

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Whitemark Energy, LLC

LLC Address: 2537 Randolph St.

City: Lincoln State: NE Zip Code: 68510

LLC Phone Number: 402-435-3509 LLC Fax Number: 402-435-5881

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Whitehead First Name: Mark MI: A.

Home Address: 2433 Woodscrest Ave. City: Lincoln

State: NE Zip Code: 68502 Home Phone Number: 402-4488-8578

Mark A Whitehead

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska

County of LANCASTER

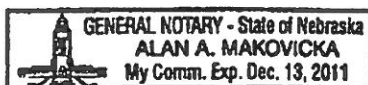
19th day of August, 2011

Date

The foregoing instrument was acknowledged before me this

by MARK A. Whitehead  
name of person acknowledge

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Whitehead First Name: Mark MI: A.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Whitehead, Christian A.

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 100%

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE  
MAR 14 1997  
LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
NEBRASKA DEPARTMENT OF HEALTH

PHS-700(VS)  
REV. 12-84  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF LIVE BIRTH BIRTH NO. 126..... 57-01

1. PLACE OF BIRTH a. COUNTY <u>Lancaster</u> b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Lincoln</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebraska</u> b. COUNTY <u>Saline</u> c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Crate</u> d. STREET ADDRESS (If rural, give location) <u>545 Norman</u>	
3. CHILD'S NAME a. (First) <u>Bonnie</u> b. (Middle) <u>Sue</u> c. (Last) <u>Vleck</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) <u>11-4-22</u>
FATHER OF CHILD			
7. FULL NAME a. (First) <u>Lumir</u> b. (Middle) <u>Dale</u> c. (Last) <u>Vleck</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>25</u> Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Swanton, Nebraska</u>	11a. USUAL OCCUPATION <u>Service Manager</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Male Chevrolet</u>
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <u>Sueann</u> b. (Middle) <u>Kotouc</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>21</u> Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) <u>Friend, Nebraska</u>	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <u>0</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <u>Mrs. Lumir Dale Vleck—Mother</u>			
18. SIGNATURE <u>Camuel J. Thierstani</u>		19. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify) <u>Mrs. Lumir Dale Vleck</u>	
19. ADDRESS <u>545 Norman</u>		20. DATE RECD BY LOCAL REG. <u>APR 4 1957</u>	

RECEIVED  
SEP 02 2011  
NEBRASKA LIQUOR  
CONTROL COMMISSION

**STATE OF NEBRASKA**

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

11/02/2006

LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
HEALTH AND HUMAN SERVICES

PHS-106(VB) REV. 2-61  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA—DEPARTMENT OF HEALTH  
Bureau of Vital Statistics

67

**CERTIFICATE OF LIVE BIRTH**

BIRTH NO. 126.....

1. PLACE OF BIRTH a. COUNTY <u>Gage</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebraska</u> b. COUNTY <u>Burt</u>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Beatrice</u>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Decatur</u>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mennonite Deaconess</u>		d. STREET ADDRESS <u>Box 56</u> Inside City Limits? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. CHILD'S NAME (Type or print) a. (First) <u>Jeffrey</u> b. (Middle) <u>Jon</u> c. (Last) <u>Scott</u>			
4. SEX <u>M</u>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE (Month) (Day) (Year) OF BIRTH
7. FULL NAME a. (First) <u>Clayton</u> b. (Middle) <u>Leonard</u> c. (Last) <u>Scott</u> 8. COLOR OR RACE <u>W</u>			
9. AGE (At time of this birth) <u>3 yrs.</u>		10. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Bennet, Nebraska</u>	11a. USUAL OCCUPATION <u>Teacher</u> 11b. KIND OF BUSINESS OR INDUSTRY <u>Decatur High School</u>
12. FULL MAIDEN NAME a. (First) <u>Carol</u> b. (Middle) <u>Ann</u> c. (Last) <u>Baker</u> 13. COLOR OR RACE <u>W</u>			
14. AGE (At time of this birth) <u>26 yrs.</u>		15. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Blue Springs, Nebr.</u>	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <u>One</u> b. How many OTHER children were born alive but are now dead? <u>none</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>
17. INFORMANT'S SIGNATURE OR NAME—Relationship <u>Carol A. Scott - Mother</u>			
Was serologic test made on blood from mother of this child? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>5-10-67</u>		If serologic test not made, state reason why	
18a. SIGNATURE <i>M. S. Sanchez</i>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
18c. ADDRESS <u>Wymore, Nebr.</u>		19. MOTHER'S MAILING ADDRESS <u>Mrs. Clayton Scott</u> <u>Box 56</u> <u>Decatur, Nebraska 68020</u>	
20. DATE RECD BY LOCAL AGENCY <u>NOV 1 1967</u>		21. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>	

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE

☐ FEMALE

Last Name: Scott

First Name: Jeffery MI: J

Home Address (include PO Box if applicable): 1500 Irving St.

City: Lincoln County: Lancaster Zip Code: 68521

Home Phone Number: 402-438-5891 Business Phone Number: 402-489-1222

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_ NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: Beatrice, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: Scott First Name: Bonnie MI: S

Social Security Number: - - - - - Drivers License Number & State: \_\_\_\_\_ NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: Lincoln, NE

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	2000	present	Lincoln, NE	2000	present



**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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AUG 22 2011

NEBRASKA LIQUOR  
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person) and fees of \$38 per person, made payable to the Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

**Corporation/LLC information**

Name of Corporation/LLC: Whitemark Energy, LLC

**Premise information**

Premise License Number: \_\_\_\_\_

(if new application leave blank)

Premise Trade Name/DBA: U-Stop #26

Premise Street Address: 8350 Northwoods Dr.

City: Lincoln

State: NE

Zip Code: 68505

Premise Phone Number: 402-489-1222

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b must sign their name below



CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

(Faxed signatures are acceptable)